	N FINANCE REPORT 5806	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST MI	OFFICE USE ONLY
NAME	Mr. Gregory J.	Date Received
	Greg Papst	127
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX; APT / SUITE #: CITY: STATE; ZIP CODE 1307 Aggie Lane Austin, TX 78757	Date Hand-delivered or Date Postmarked
Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 785-4663	Receipt # Amaint
6 CAMPAIGN TREASURER NAME	ms/mrs/mr first mi Ms. Skipper	Date Processed
	NICKNAME LAST SUFFIX Richey	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE;	ZIP CODE
TREASURER ADDRESS (Residence or business)	6900 Ranch Road 620 North Austin, T	
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(512) 336-9800 103	
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 6 30	/ 0.4
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year	
	11/2/04 Primary Runoff 🗵	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know Travis Com	nty Constable Pct.5
14 NOTICE	114713 Cour	ity constable rec.s
OF DIRECT CAMPAIGN EXPENDITURE	 Direct campaign expenditures are campaign expenditures made by others without the can Candidates are required to disclose this information only if they receive notification of the direction 	
BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Suite #; City, State: Zip Code	
additional pages		
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

P.O.Box 12070

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16ACCOUNT#(Etnics Commission (fers)
	Gregory	J. Papst	
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	ice of political expenditures by political committees to support the candidal without the candidate's or officeholder's knowledge or consent. Candidat I they receive notice of such expenditures.	
COMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	· .
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ Ø
	-	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5.840.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 6
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,127.96
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ 5.338.50
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	* \$ Ø
AFFIX NOTARY STAM	LUANNE RICH MY COMMISSION E December 30, 2	expires 2007	
Sworn to and subscrit		,	, this the 14th day
of JULY , 2 Signature of officer ad	Richer	tify which, witness my hand and seal of office. LUANNE RICHE Printed name of officer administering of th	NoTAR >

SCHEDULE A

		·		
The Instruction Guide explains how to complete this form.		1 Total pages Sche	1 Total pages Schedule A:	
2 FILER NAME	Gregory J. Papst		3 ACCOUNT # (Eth	lcs Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (IDs:		7 Amount of contribution (\$)	8 In-kind contribution
5.26.04	JOHN DONOVAN	• -	CONTRIBUTION (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		! !	•
	4907 WESTNIEW AUSTIN. TO	ž 18731	<i>\$7</i> 5.	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (10#:_	1	Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
J. XU.04	STEVEN MCCLE Contributor address; City; State; Zip Code		1	
	Contributor address; City, State; Zip Code		i	
	1305 AGGIE LANE RUSTI	N .TX 18757	\$ 120.	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	·
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of	In-kind contribution
5.26.04	CHARLES GREEN	*	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		!	
	13000 Mark 7.6.2 A.	To Modisa	1	
	13202 MANSTIELD AUSTIN.	1X 18102	5400 ·	-
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of	In-kind contribution
5.24.04	NOSHNOL VAL		contribution (\$)	description (if applicable)
0.72.07	Contributor address; City; State; Zip Code	· · · · · · · · · · · ·	!	
	17000 Taki 0 (Tub 11)0025 0	1.5	\ !	
	17000 TRAIL OF THE WOODS	78734	\$110.	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	tn-kind contribution
5.26.04	STANLEY MATHIS		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code			
	Po Box 341450 AUSTIN, -	70021	 	
	TO BOX STIFSO / NUSTINE,	Tx 78734	\$ 110.	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
		L		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	, Texas 78711-207	0 (512) 46	3-5800 1-800-325-85 SCHEDULE A
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
FILER NAME	Gregory J. Papst		3 ACCOUNT # (Eth	lics Commission filers)
5.34.04	6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	8007 DAVIS MOUNTAIN PASS A	7872L	\$ 120.	.
Principal occu	pation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date 5.26.04	Full name of contributor Out-of-state PAC (IDIT_ JAMES ELLISON Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	8013 ELKHERN MOUNTAIN AL	<u> </u>	\$ 12C.	ļ
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date: 5.26.04	Full name of contributor Out-of-state PAC (ID#_ MICHAEL JERCHEN SEN Contributor address; City; State: Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	8600 RE 620 No # 1437 AUST	N. TX 78734	\$ 120.	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
5.26.04	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	121 FIREBIRD YUSTIN.T.	x 18734	\$ 14c.	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date 5.26.04	Full name of contributor Gout-of-state PAC (ID#:_ JIM ERDELJAC Contributor address: City: State: Zip Code 5112 KITE TAIL AUSTIN.		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	5112 KITE TAIL AUSTIN,	1 X 18'130 Employer (See In	\$ 120 ·	
If contr	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instr			ng requirements.

SCHEDULE A

The Instruction	Guide explains how to complete this form.	-	1 Total pages Sche	dule A:
2 FILER NAME	Gregory J. Papst	÷	3 ACCOUNT # (Et	oks Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
5.26.04	DAVID TH以下と 6 Contributor address; City, State; Zip Code		contribution (\$)	description (if applicable)
	17208 PONCHO SPRINGS AUS	TIN :TX 78717	\$120.	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	-
Date	Full name of contributor Out-of-state PAC (ID#:_)	Amount of	In-kind contribution
5.26.04	GAYLE BERNBIGLER	-	contribution (\$)	, description (if applicable)
=	Contributor address; City; State; Zip Code			
	ICL CROSS CREEK AUSTIN	1.1x 18134	<i>\$ 1</i> 40.	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of	In-kind contribution
5.26.04	, –		contribution (\$)	description (if applicable)
3.50.04	Contributor address; City: State: Zip Code			
	Po Box 2194 AUSTIN. TX	78768	\$120.	-
Principal occu	pation / Job title (See Instructions)	Employer (See In:	L	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5.26.04	COLE ERWIN			·
	Contributor address; City; State; Zip Code			•
	8800 SHUAL CREEK BLVD AL	15TIN.TX 18757	\$120.	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5.26.04	Contributor address; City; State: Zip Code		CONTRIBUTION (4)	uescription (il appricable)
	5604 SPURTLOWER AUSTIN	1. Tx 78759	\$260.	_
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>
	ATTACH ADDITIONAL CODIE	S OF THIS EODM (AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(512) 463-5800

1-800-325-8506

POLITICAL CONTRIBUTIONS	
OTHER THAN PLEDGES OR LOAN	IS

SCHEDULE A

The learnecome Quice explains how to complete this form. 2 FILER NAME Gregory J. Papst 3 ACCOUNT # (Eleva Commission filers) 3 ACCOUNT # (Eleva Commission filers) 5 Full name of contribution 5 Full name of contribution 6 Contribution address: City: State; Zip Code B EXX 177 TURALL. TX 7L578 5 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date 5 Full name of contribution 10 Employer (See Instructions) 11 Total pages Schedule A: 12 TANDURY GLOBE 6 Contribution address: City: State; Zip Code B EXX 177 TURALL. TX 7L578 5 240. 13 Amount of contribution 14 Employer (See Instructions) Date 5 Full name of contribution 15 Sub Lt 1 Am S Contribution address: City: State; Zip Code 3 Sub Sub TR Will No Lean Bec File Turally Contribution (f) applicable) Date 5 Jul Lt 2 Full name of contributor 15 Amount of Contribution address: City: State; Zip Code 17 Amount of Contribution (f) applicable) 17 Amount of Contribution (f) applicable) 18 In-Aind contribution (f) applicable) 19 Principal cocupation / Job title (See Instructions) 19 Principal cocupation / Job title (See Instructions) 10 Employer (See Instructions) 10 Employer (See Instructions) 11 Total pages Schedule A: 10 Contribution address: City: State; Zip Code 10 All Title T				 -	<u>. </u>
Gregory J. Papst 4 Date 5 Full name of contributor Detect tate PAC (IDP On Inchidence	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
5.36.04 ARTHONY CARGE 6 Contributor address: City, State; Zip Code B ROX 177 THRALL. TX 76.578 \$200. 9 Principal occupation / Job title (See Instructions) Date	2 FILER NAME	Gregory J. Papst		3 ACCOUNT # (Ett	nics Commission filers)
5.3L.04 ANTHONY CARGE 6 Contributor address: City: State: Zip Code B ROX 177 THRALL. TX 7L578 \$200. 9 Principal occupation / Job title (See Instructions) Date 5.3L.04 TM WILLIAMS Contributor address: City: State: Zip Code 30.3 SOUTH WIND LEANDER. TX 78L45 \$200. Principal occupation / Job title (See Instructions) Date 5.3L.04 TM INTERPORT CARGE (See Instructions) Date 7 Full name of contributor states PAC (IDE. State: Zip Code 4309 SLATE CREEK AUSTIN TX 78717 \$340. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 5.3L.04 TM INTERPORT CONTRIBUTION CONTRIBUTIONS Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date 5.3L.04 TM INTERPORT CONTRIBUTION CONTRIBUTION (fl applicable) Tom LEW Contributor address: City: State: Zip Code 7814 LONS DALE AUSTIN TX 78729 \$126. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date 5.3L.04 TM LONS DALE AUSTIN TX 78729 \$126. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (fl applicable) TM ALONS DALE AUSTIN TX 78729 \$126. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (fl applicable) TM ALONS DALE AUSTIN TX 78729 \$126. Principal occupation / Job title (See Instructions) Date 5.3L.04 TARBAT BLARCLIFF TX 78669 \$125.	4 Date	5 Full name of contributorout-of-state PAC (ID#:)		
6 Contributor address: City: State: Zip Code B BOX 177 THRALL. TX 7L578 \$2.00. 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date Full name of contributor out-of-state PAC (DR 3C3 SULTH WIND LEANDER. TX 78 L45 3.20. Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (DR 3.20. Amount of Contribution (\$\$) description (if applicable) 5. 3L E4 DAVID MCM ILLAN Contributor address: City: State: Zip Code 93.09 SLATE CREEK ZiuSTIN. TX 78.717 \$3.40. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (DR 3.40. Amount of In-kind contribution (\$\$) description (if applicable) 5. 3L E4 Timeme of contributor out-of-state PAC (DR 3.40. Amount of In-kind contribution (\$\$) description (if applicable) 5. 3L E4 Timeme of contributor out-of-state PAC (DR 3.10. Amount of In-kind contribution (\$\$) description (if applicable) 5. 3L E4 Timeme of contributor out-of-state PAC (DR 3.10. Amount of In-kind contribution (\$\$) description (if applicable) 5. 3L E4 Timeme of contributor out-of-state PAC (DR 3.10. Amount of In-kind contribution (\$\$) description (if applicable) 5. 3L E4 Timeme of contributor out-of-state PAC (DR 3.10. Amount of In-kind contribution (\$\$) description (if applicable)	5.214.04	ANTHONY GAGE		CONTRIBUTION (4)	describitor (4 abblicable)
Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# S. Ab. 0.4 Tim Williams	3.0				
Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID# S. Ab. 0.4 Tim Williams	ļ	A GOX 177 TUDALL TO	71 508		1
Date 5. 3L . 04 Full name of contributor out-of-state PAC (IDR State; Zip Code 3 contribution address; City; State; Zip Code 3 contributor address; City; State; Zip Code 3 contributor address; City; State; Zip Code 3 contributor Job 688 (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (IDR Out-of-state PAC (IDR State; Zip Code 9 3 contributor address; City; State; Zip Code 3 contributor (fi applicable)		TO ROW TITY TRICKLE! TX	70 U 10	\$200.	·
S. 24.04 Tim Williams Contributor address: City: State: Zip Code 303 SOUTH WIND LEANDER , TX 7845 \$200.	9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	
Contributor address: City, State; Zip Code 30.3 SOUTH WIND LEANDER, TX 7845 \$200. Principal occupation / Job title (See Instructions) Date 5. 2b.b4 Contributor address: City, State; Zip Code 93.09 SLATE CIREEX AUSTIN. TX 78717 \$340. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date 5. 2b.b4 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date 7. 2b.b4 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution description (if applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Final Contributor address: City: State: Zip Code 98.14 LONS DALE AUSTIN. TX 78729 Final Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Final Contribution (if applicable) In-kind contribution description (if applicable) In-kind contribution description (if applicable) Amount of contribution (if applicable) TARELE ALL DESCRIPTION (INTERNET AUSTIN TX 78669 S125.	Date	Full name of contributor Out-of-state PAC (ID#:_			
Contributor address: City: State: Zip Code 3D3 SOUTH WIND LEANDER. TX 78445 \$340. Principal occupation / Job title (See instructions) Employer (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code 93C9 SLATE CIREEX AUSTIN. TX 78717 \$340. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Ion LEW Contributor address: City: State: Zip Code 98H LONSDALE AUSTIN. TX 78729 \$130. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (ff applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor JUNSTIN. TX 78729 \$130. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (ff applicable) TARELD CALDWELL Contributor address: City: State: Zip Code 30L TARELT BLARCLIFF. TX 78669 \$125.	5.26.04	TIM WILLIAMS		contribution (\$)	description (if applicable)
Principal occupation / Job title (See Instructions) Date		· · · · · · · · · · · · · · · · · · ·			<u> </u>
Principal occupation / Job title (See Instructions) Date		202 Sanguinia le inea	701.15		
Date Full name of contributor		DESTRUCTION OF LITTLE COLD.	IX 13640	\$ 200.	!
DAVID McMILLAN Contributor address: City: State; Zip Code 9309 SLATE CREEK AUSTIN. TX 78717 \$340. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date 5.3L.04 Temploser (See Instructions) Principal occupation / Job title (See Instructions) Date 7814 LONSDALE AUSTIN. TX 78729 \$120. Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date 5.3L.04 Amount of contribution (if applicable) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (if applicable) Amount of contribution (if applicable) Amount of contribution (if applicable) TARLOLD CALDWELL Contributor address: City: State: Zip Code 30L TARLOCT BLARCLIFF. TX 78669 \$125.	Principal occu	pation / Job title (See Instructions)	Employer (See In	estructions)	
Date Full name of contributor Contributor State; Zip Code	Date	Full name of contributor Out-of-state PAC (ID#:_)		
Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	5.26.04	DAVID MCMILLAN		contribution (\$)	description (if applicable)
Principal occupation / Job title (See Instructions) Date		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Date		GANG SI ME MEGGI ALCE I	70017		1
Date Full name of contributor Out-of-state PAC (ID#:		TIDY CLAIC CREEN MUSIN	. IA <i>1</i> 8 # f	₹340.	<u> </u>
5. 36.04 Tem Lew Contributor address: City: State: Zip Code 9814 Lon/SDALE AUSTIN. TX 78729 \$120. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Contribution (\$) In-kind contribution description (if applicable) 5. 36.04 AROLD CALDWELL Contributor address: City: State: Zip Code 306 TARPET BRIARCLIFF. TX 78669 \$125.	Principatoccu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Contributor address: City: State: Zip Code 9814 LONSDALE AUSTIN. TX 78729 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (IDIT:) Amount of contribution (\$) 1-kind contribution description (if applicable) Amount of contribution (\$) Contributor address: City: State: Zip Code 3DL TARBET BRIARCLINE. TX 78669 \$ 125.	Date	Full name of contributor out-of-state PAC (ID#:			
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Substitution Full name of Contributor Full name of Contributor Contributor address: City: State: Zip Code 306 TARBET BRARCLIFF. TX 78669 \$ 125.	5.26.04	Tom LEW		contribution (\$)	description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor June Full name of contributor		Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor June Full name of contributor		GRILL LONGED BLE AUSTIN -	× 78229		\
Date Full name of contributor Out-of-state PAC (ID#:		TOTAL ZONG BALL , MASTIN . T	70791	\$ 120.	'
5.26.04 HARGLD CALDWELL Contributor address; City; State; Zip Code 306 TARBET BRIARCLIFF. TX 78669 \$125.	Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	
5.26.04 HAROLD CALDWELL Contributor address: City: State: Zip Code 306 TARBET BRIARCLIFF. TX 78669 \$125.	Date	Full name of contributorout-of-state PAC (ID#:_)		
Contributor address: City; State: Zip Code 306 TAR BET BRIAR CLIFF. TX 78669 \$125.	5.26.04	HAROLD CALDWELL		Contribution (\$)	i descripaçã (ir applicable) i
1 4180.					
		306 TARBET BRIARCLIFF.	TX 78669	\$125.	,
	Principal occu	pation / Job title (See Instructions)	Employer (See In		<u> </u>
·			1		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

O MER HART ELDOLO OR LOARO				
Тне імэткистю	Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME	Gregory J. Papst		3 ACCOUNT # (Et	elcs Commission filers)
4 Date 5.26.04	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code			
	6618 CANDLE RIDGE CV Au	STINI, TX 78731	\$ 120.	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
5.26.04	Full name of contributor out-of-state PAC (IDIE:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	310 E. L. STREET AUSTIN,		\$ 3cc.	
Principal occupation / Job title (See Instructions) Employer (See Ins		structions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5.26.04	CYNTILIA MEYEL Contributor address; City; State; Zip Code			
·	TOS WESTBROOK MUSTIN,	TX 78746		
<u></u> .			\$ 120.	
Principal occuj	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5.26.04	DAN SEEDS		, ,	, , , ,
	Contributor address: City; State; Zip Code			
	AD BOX 27686 MUSTIN. TX	181155 	\$ 120.	
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	-
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5.26.04	CRAICA CILERICO Contributor address; City; State; Zip Code			
	1313 RICHCREEN MUSTIN, T	78151	\$120	·
Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
		 -		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A

OTHER THAN PLEDGES OR LOANS					
The Instruction	Guine explains how to complete this form.		1 Total pages Sche	odule A:	
2 FILER NAME	Gregory J. Papst	-	3 ACCOUNT # (Et	hics Commission filers)	
4 Date	5 Full name of contributor Out-of-state PAC (IDIE)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
5.26.04	6 Contributor address; City; State; Zip Code			 	
	1904 ELFCROFT AUSTIN.	Tx 78758	\$ 120.	<u> </u>	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In:	structions)		
5. Ho. 04	Full name of contributor out-of-state PAC (IDIT:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	HOLD SPICEWEED PRWAY AU	STIN, TX 78750	\$ 120.		
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
5 - 310 . 04	Full name of contributor □ out-of-state PAC (ID#:_ ①A V i つ		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	3401 BEF CREEK SPICEWOOD	.Tx 75669	\$120	\ 	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)		
5.26.04	Full name of contributor out-of-state PAC (ID#:_ STOKING VOIL NSC N Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
i	14748 CLIVE HILL MUSTIN	TX 78717	\$ 120.	 	
Principal occur	pation / Job title (See Instructions)	Employer (See Ins			
5. 26.04	Full name of contributor out-of-state PAC (ID#:_ KEITH ESTES Contributor address: City; State; Zip Code I CIOS INSHORE AUSTIN . TX	18730	Amount of contribution (\$)	In-kind contribution description (if applicable)	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins			
		lo			

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission

SCHEDULE A

				
The Instruction	N Guide explains how to complete this form.		1 Total pages Sche	edule A:
2 FILER NAME	Gregory J. Papst		3 ACCOUNT # (Et	hics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#			8 In-kind contribution
5.26.64	5.26.64 TONY SLOWIK 6 Contributor address; City: State: Zip Code 6 LOS LAKE ESTATES AUSTIN, TX 78734		contribution (\$)	description (if applicable)
		1		<u> </u>
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	•
Date	Full name of contributor Out-of-state PAC (ID#:_	·	Amount of	In-kind contribution
	TEXAS STATE RIFLE ASSN PAG Contributor address; City; State; Zip Code	<u> </u>	contribution (\$)	description (if applicable)
	ABOX 413 GOLDTHWAITE.	Tx 76844	⁵ 250.	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
5. 26.64	Full name of contributor Out-of-state PAC (ID#: TRAVIS COUNTY SHERIFF'S OFFICER	LS ASSNI PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City: State: Zip Code			
	400 W. 14th ST., # 220 AUSTIN	. TX 78761	\$ 25¢.	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
5.26.04	Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
	10209 TENAVA CT. AUSTINI,	TX 78726	\$ 120.	
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributorout-of-state PAC (ID#:		Amount of	In-kind contribution
5.36.64	Ton CHILDERS		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	, 1		! .
	15114 GLAMINGO DE. MUSTIN	TX 78734	\$120.	
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	5		SCHEDULE A
The Instruction	N GuiD∈ explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	Gregory J. Papst		3 ACCOUNT # (Ethics Commission filers)	
5.26.04	5 Full name of contributor Dout-of-state PAC (ID#:_	TX 18613	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
5.26.04	Full name of contributor Out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
-	Contributor address; City; State; Zip Code 6202 SHOAL CREEK WEST AU	STIN, TX 78759	£300.	 -
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		:	-
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
				·
Date	Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
If contr	ATTACH ADDITIONAL COPIE: ibutor is out-of-state PAC, please see instru			ng requirements.

POLITIC	CAL EXPENDITURES			SCHEDULE F
The Instruction	Guide explains how to complete this form.		1 Total pages Sch	nedule F:
2 FILER NAME	Gregory J. Papst		3 ACCOUNT# (E	thics Commission Rers)
5.5.04	5 Payee name SKIPPER RICHEY 6 Payee address; City; State; Zip Code 6900 RR 620 No. Austin.	Tx 78132	7	Amount (\$) \$ 108.49
required.)	ment (See instructions regarding type of information E OFFICE SuPPLIES , POSTAGE	Candidate / Öfficeholder	irect expenditure to b name Office	enefit C/OH •• e sought Office held
Date 5.25.04	Payee name SkiPPER RICHEY Payee address: City; State; Zip Code 6900 RR L20 No. Austin	. Tx 78132		Amount (\$) \$ 200.00
required.)	ment (See instructions regarding type of information E JOUD - GOLF JUND RAISER	↔ Complete if di Candidate / Officeholder i	irect expenditure to b name Office	enefit C/OH •• e sought Office held
5 . 3b . o 4	Payee name GOLF SMITH Payee address; City; State; Zip Code I DODI RESEARCH BLVD AL	1STINI, TX 1781	159	Amount (\$) 5 75.75
Purpose of pay required.)	ment (See instructions regarding type of information 18 S GULF GUND RAISER	•• Complete if di Candidate / Officeholder	irect expenditure to b name Offici	enefit C/OH •• e sought Office held
5.26.04	Payee name THE HILLS D. FLINT ROCK Payee address; City; State; Zip Code	Countary CL	ц .	Amount (\$) \$ 2,726.00
required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder i	irect expenditure to b name Office	enefit C/OH •• a sought Office held
]	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	IEEDED	

POLITIC	CAL EXPENDITURES		SCHEDULE F
The Instruction	Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME	Gregory J. Papst		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount (\$)
b.36.64	6 Payee address; City; State; Zip Code		\$17.72
	6900 RR 620 No Shustin	1, Tx 18732	
	ment (See instructions regarding type of information	· ·	rect expenditure to benefit C/OH name Office sought Office held
REIMBURS	SE SUFFLIES FUND RAISER	• =	
Date	Payee name		Amount (\$)
-	Payee address; City; State; Zip Code		
		<u>-</u>	
	ment (See instructions regarding type of information	· Complete if di	rect expenditure to benefit C/OH ••
required.)		Candidate / Officeholder r	name Office sought Office held
		······································	*
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code	••••••	
			·
Pumose of pay	ment (See instructions regarding type of information	. Complete if di	rect expenditure to benefit C/OH ••
required.)		Candidate / Officeholder /	the state of the s
		· · · · ·	
Date	Payee name	-	Amount (\$)
	Payee address; City; State; Zip Code	・ デ・・ イン・ 1 (1) ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	
Purpose of payment (See instructions regarding type of information required.)		· · · Complete if di Candidate / Officeholder r	rect expenditure to benefit C/OH •• name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			